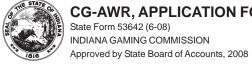
CG-AWR, APPLICATION FOR ANNUAL WATER RACE FIRST TIME APPLICANTS State Form 53642 (6-08)



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Date Received
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Date Entered

INSTRUCTIONS: Processin	ng of this application	can take up to 120 days. Atta	ach license	fee.						
1. Name of organization (please type or print)				2. Email address						
3. Previous name of organization (if name changed)				4. Federal Identification number (FID)						
5. Address of principal office (number and street)				Contact name			6. Busin	6. Business hours		
City	State	ZIP code	County	Daytime (me telephone	telephone number		
7. On which days of the week and during what hours will your water race event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour)							hour, p.m. establishes the			
Day Hours	M to	_M Day Hours	M to		Day _		Hours			
8. Address of the facility w	where the event will	the event will be conducted (number and street) Doing business as (DBA)						(DBA)		
City	State	ZIP code	County	Daytime ()			me telephone	telephone number		
	FACILITY/	/TANGIBLE PERSON	AL PRO	PERTY I	NFOR	MAT	ΓΙΟΝ			
Attach additional sheets if r	necessary to supply	all information for each line.								
		ent), or use a donated _ e and address of lessor or done		-						
Name of lessor/donor (full legal name) Address (number and street)										
City	State	ZIP code	County			Daytime telephone number				
10. Is any tangible personal property (i.e. tables, chairs, etc.), qualified personal property (i.e. Ducks, etc.), or gaming equipment or device being leased or donated to you for this event? Yes No If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement. Note: Gaming equipment, qualified personal property, or devices must originate from a licensed distributor and/or manufacturer.										
Name	Address (number o	and street)	City			State		ZIP code		
Manufacturer and Distributor Information Attach additional sheets if necessary.										
11. List the manufacturer	(s) and/or distributor	r(s) from whom you intend to	purchase li	icensed suppli	ies.					
Name	Name Addre		Ci	City State			ZIP code	Items		
12. Does your organization own gaming equipment or devices? Yes \Boxed No \Boxed If yes, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment or device purchased.										
Name of distributor/ma	nufacturer	Date of purchase	Pu	Purchase price		Type of equipment/device				

Attach additional sheets if neo	Operato	or Information				
13. List below at least three	(3) operators who will supervise, manage	and be responsible	for the operati	on and conduct of th	e gaming ever	ıt.
Full legal name	Home address (number and street, city, state, ZIP code)	Driver's license or state I.D.	Date of birth (month, day, year)			Check appropriate box
				()		Bartender Member
				()		Bartender □ Member □
				()		Bartender Member
charity gaming event. Please	a above of the <u>principal operator</u> who has de type or print. X Name listed above also operators for another org			Daytime te	elephone numb	
including each individual's n	ame, name of organization, and the month	h(s) that they will op	erate other gar	ming events.		
Attach additional sheets if neo		er Information	1			
16. List all individuals (exclu	uding operator information above) who w	rill assist and work ir	the operation	of the licensed even	t.	
Full legal name	Home address (number and street, city, state, ZIP code)	Driver's license or state I.D.	Date of birth (month, day, year)	Daytime telephone number	Mos./years with organization	Check appropriate box
				()		Bartender
				()		Bartender
				()		Bartender
17. Have any operators or	workers listed on line 13 and 16, or o	on any attachments	s, been convic	() ted of a felony witl	nin the past 1	Employee Member
jurisdiction? Yes	☐ No ☐ If you answered Yes, attach			and date of conviction	on, and jurisd	icition/court.
	Gross Ret	ail Sales Infor	mation			
18a. Will you be conducting	any type of retail sales during the license	ed event (i.e. accessor	ries, concessio	ns, etc.)? (Check one	e) Yes	No 🗌
If you answered "Yes" co provided.	mplete the following information. If the s	seller is required to h	ave a Retail M	Ierchant Certificate,	enter that num	ber in the box
Name of organization offering the sales Retail Merchant Certificate number						
18b. Which of the following	will your organization be receiving? (Ch	eck one)				
All of the retail s		fee retail sales payme	ent			
A percentage of the retail sales incomeOther (explain) Additional Activities Authorized						
19. Will your organiz	ation be selling pull tabs, punchboards an	d/or tip boards?	Yes	No _		

	Financial	Information				
financial record	ds be maintained?					
City				ZIP code		
number of the p	person maintaining these	records.				
		Address (number a				
	State	ZIP code	code Daytime telephone nu			
ate and segrega	ated charity gaming che	cking account info	rmation.			
		T.,				
				ZIP code		
ted charity gan	ning checking account	Account numbe	er			
	License Fee	e Information				
	Certi	fication				
			the information s	tated. We unde	erstand false or misleading	
Print name	Title		Daytime telep	hone number	Date (month, day, year)	
Priı	nt name	Daytime te	lephone number		Date (month, day, year)	
	Indiana Gami Charity Gar	ng Commission ning Division	n			
	ate and segregated at the repair of the part of the pa	number of the person maintaining these ate and segregated charity gaming checking account License Feet ation's first Annual Water Race License and segregated charity gaming checking account Certical right of the person maintaining these attends and segregated charity gaming checking account Title Print name Send this application of future license and segregated charity Gaming checking account Title Print name Send this application of future license and segregated charity Gaming Charity Gamin	State State Address (number of the person maintaining these records. Address (number of the person maintaining these records. State ZIP code State Account info License Fee Information Account number of the person maintaining these records License Fee Information Account number of the person maintaining checking account Account number of the person maintaining these records Address (number of the person maintaining checking account info Account number of the person maintaining checking account Account number of the person maintaining count Account number of the person maintaining checking account Account number of the person maintaining these records Account number of the person maintaining these records Account number of the person maintaining checking account Account number of the pe	State number of the person maintaining these records. Address (number and street) State ZIP code ate and segregated charity gaming checking account information. State License Fee Information ation's first Annual Water Race License is \$50.00 and must be paid with this a and segregated charity gaming checking account. Make your check payab Certification rjury that there are no misrepresentations or falsifications in the information shis application or revocation of future license(s). Print name Title Daytime telephone number Send this application and \$50.00 fee to: Indiana Gaming Commission	State ZIP code State ZIP code	